

Please type a plus sign (+) inside this box →

PTO/SB/05 (12/97)

Approved for use through 9/30/000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<b>Utility Patent Application Transmittal</b> (only for nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. <b>KAN 120D1</b>	Total Pages	July 16, 2001
First Named Inventor or Application Identifier <b>Mikio OHTAKI</b>				
Express Mail Label No. <b>1C916/914568</b>				

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: <b>Commissioner of Patents Box Patent Application Washington, DC 20231</b>		
<p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <b>38</b>] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 USC 113) [Total Sheets <b>33</b>]</p> <p>4. <b>Oath or Declaration</b> [Total Sheets <b>1</b>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)  [Note Box 5 below] i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> <b>Incorporation By Reference</b> (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>6. <input type="checkbox"/> <b>Microfiche Computer Program (Appendix)</b></p> <p>7. <b>Nucleotide and/or Amino Acid Sequence Submission</b> (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p>				
<b>ACCOMPANYING APPLICATION PARTS</b>				
<p>8. <input checked="" type="checkbox"/> <b>Assignment Papers</b> (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> <b>37 CFR 3.73(b) Statement</b> <input type="checkbox"/> <b>Power of Attorney</b> (when there is an assignee)</p> <p>10. <input type="checkbox"/> <b>English Translation Document</b> (if applicable)</p> <p>11. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input checked="" type="checkbox"/> <b>Copies of IDS Citations</b></p> <p>12. <input checked="" type="checkbox"/> <b>Preliminary Amendment</b></p> <p>13. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503)</b></p> <p>14. <input type="checkbox"/> <b>Small Entity</b> <input type="checkbox"/> <b>Statement filed in prior application Statement(s)</b> <b>Status still proper and desired</b></p> <p>15. <input type="checkbox"/> <b>Certified Copy of Priority Document(s)</b> (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> <b>Other: <u>Copy of previously-filed assignment</u></b></p>				
<p>17. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <b>09/434,490</b></p> <p>18. <b>CORRESPONDENCE ADDRESS</b></p>				

<input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>23995</b> (Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below		
NAME	<b>Steven M. Rabin - RABIN &amp; BERDO, P.C.</b>			Date: <b>July 16, 2001</b>
ADDRESS	1101 14 <sup>th</sup> Street - Suite 500			
CITY	Washington	STATE	D.C.	ZIPCODE
COUNTRY	USA	TELEPHONE	(202) 659-1915	FAX (202) 659-1898

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

DEPOSIT FEE  
REMITTED  
Please charge any further  
fees to our Deposit Account